## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobbyist(s) Christi	ne Wellington		
II. Name of lobbyist's partnership, firm	or corporation, if any:		
117 North State Street			
(Name of partnership, firm	or corporation)		
117 North State Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) <u>603-224-4107</u> (Telephone)	) 603-223-9794 (Fax)	e-mail <u>cwe</u>	llington@nhla.org
III. This statement covers: (Choose one reportable expense transactions which a			nay file a separate report for
☐ All reportable transactions occurring in	n the months prior to the repo	rting date relative to	the following client:
•	as it appears on the Lobbyist Ro	egistration Form)	
OR  All reportable transactions by the lobby unrelated to any particular client.	rist (including the lobbyist's f	amily), or the lobbying	ng firm listed below which are
IV. Date of Report April 26, 2017 [Reports cover: activity from date of regists		July 26, 2017 💆 ty from 4/1/17 to 6/30/1	7
October 25, 2017 activity from 7/1/17 to		January 31, 2018 [] ity from 10/1/17 to 12/3	31/17
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.	and no reportable transarm and submit it to the Secre	ctions made since ary of State's Office,	the last report. State House, Room 204,
VI. Check if additional reports are attac		andum A Fees and	Evnenses
☐ If you have received fees or made exp☐ If you have paid an honorarium or rein Expense Reimbursement			
☐ If you, your firm, or your family has n	nade political contributions, y	ou must file <b>Addend</b>	lum C- Political Contributions
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-0 and complete to the best of my knowledge (Signature of lobbyis)	C and RSA 664 and hereby sv	wear or affirm that the $7/21/17$	
Christine Wellington (Print Name of Johnvist)			